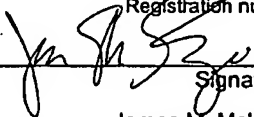




PTO/SB/22 (09-08)  
Approved for use through 03/31/2007. OMB 0651-0031  
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		<b>Docket Number (Optional)</b> KLQ-001	
<b>Application Number</b> 10/010,393-Conf. #4473		<b>Filed</b> December 7, 2001	
<b>For</b> FITNESS ENABLING AND MOTIVATING SERVICE			
<b>Art Unit</b> 2163		<b>Examiner</b> M. P. Nguyen	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<b>Fee</b>	<b>Small Entity Fee</b>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-0080</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>51,146</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 _____ Signature		<u>February 21, 2007</u> Date	
<u>James M. McKenzie, Esq.</u> Typed or printed name		<u>(617) 227-7400</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.		

Adjustment date: 07/23/2000 CKULOR  
02/23/2007 HVUONG1 00000002 120080  
02 FC:2253 510.00 CR

10010393

02/23/2007 HVUONG1 00000002 120080 10010393

02 FC:2253 510.00 DA

Express Mail Label No. EV 956471107 US Dated: February 21, 2007

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: 07/22/08		2 Serial/Patent # 10/010,393									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
X	Extension of Time		02/21/07	\$ 510.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 510.00								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	X	Credit Deposit A/C #:								
	Duplicate Payment		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>1</td><td>2</td><td>--</td><td>0</td><td>0</td><td>8</td><td>0</td> </tr> </table>		1	2	--	0	0	8	0
1	2	--	0	0	8	0					
X	No Fee Due (Explanation):										
Extension of time unnecessary.											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: Terri Williams		TITLE: Paralegal Specialist									
SIGNATURE: <i>Terri Williams</i>		PHONE: (571) 272-2991									
OFFICE: Office of Petitions											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <i>[Signature]</i>		DATE: 7/23/08									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*